MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08056

CERTIFICATE OF DEATH

Reg. Dist. No. 7X

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1018 Roland Heights Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Josephine (Last) Andrews

4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 30-1860

9. AGE last birthday: 90 yrs. — If under 1 year: Months 11, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Independent

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August L. Smith

14. MOTHER'S MAIDEN NAME: Frederica Lloyd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Henry Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — 1 hr.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. Arterio Sclerosis — 1 yr.

(c) Hypertension — 0.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1947, to Aug 30, 1950, that I last saw the deceased alive on Aug 30, 1950, and that death occurred at 7-45 a m., from the causes and on the date stated above.

SIGNATURE, (Degree or title) ADDRESS DATE SIGNED

M. Martin M.D. Sykesville Md. Aug 30-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept-1-50 | NAME OF CEMETERY OR CREMATORY New Cathedral Cem | LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 9/1/50 | REGISTRAR'S SIGNATURE H.W. Hedrick | 24. FUNERAL DIRECTOR John A. Miller | ADDRESS 2334 Jefferson St.

Dm

Evidence for change of name of deceased shown on Film G127 8/28/50 dm. Marriage Record and Affidavit of Funeral Director.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68057

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MABLE (Middle) Jordan Baptiste (Last) SUGGS

4. DATE OF DEATH (Month) Aug., (Day) 12 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH April 18, 1915
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY House Maid
11. BIRTHPLACE (State or foreign country) Farmville, Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Neujay Jordan
14. MOTHER'S MAIDEN NAME Emma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mrs. Alma Jordan, Hanover, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: April, 1950

002 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1950, to Aug., 12, 1950, that I last saw the deceased alive on Aug., 12, 1950, and that death occurred at 5:48 m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sauer (Degree or title) ADDRESS Henryton, Maryland DATE SIGNED 8/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8/14/50
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 8/12/50
REGISTRAR'S SIGNATURE Albert R. Swankhaus
24. FUNERAL DIRECTOR Frances A. Hemsley 578 W Biddle St ADDRESS

Deputy Local Adolphus Halstead

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
AUG 21 1950.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118158

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eldersburg; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4
STREET ADDRESS (If rural, give location) 109 Murdock Road

3. NAME OF DECEASED (Type or Print): (First) ETHEL (Middle) REYNOLDS (Last) BIRMINGHAM

4. DATE OF DEATH: (Month) August (Day) 8, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 21, 1897

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph P. Reynolds

14. MOTHER'S MAIDEN NAME: Marion E. Raine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. L. Meredith Birmingham, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular accident	30 min.
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis; Hypertension	7+ yrs.
	(c) Coronary Artery Heart disease with	7+ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. two Coronary occlusions (1948 + 1949)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1949, to Aug. 8, 1950, that I last saw the deceased alive on Aug. 4, 1950, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ward B. Callum M.D. 6 E. Eager St. Balto-2- 8/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Aug. 10, 1950
NAME OF CEMETERY OR CREMATORY: St. James' Episcopal Cem.
LOCATION (City, town, or county) (State): My Lady's Manor, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 8/10/50
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

JT

08059

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) 2 m 8 m
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location) Prince

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Edward (Last) Curtin
4. DATE OF DEATH (Month) Aug (Day) 30 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S
8. DATE OF BIRTH Apr 6-1896
9. AGE last birthday 5.4 yrs. If under 1 year: Months 4 Days 24 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) On farm
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Prince George Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Richard Curtin
14. MOTHER'S MAIDEN NAME Mary P.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Mary Elizabeth Kidwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Basil Cell Epithelioma of face	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Epilepsy	50 yrs
	(c)	

191X
53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1947, to Aug 30, 1950, that I last saw the deceased alive on Aug 30, 1950, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE H. J. Martin M.D. (Degree or title) ADDRESS Sykesville Md. DATE SIGNED Aug 30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 2 1950
NAME OF CEMETERY OR CREMATORY Rosaryville
LOCATION (City, town, or county) Prince Geo. Co. (State) Md.

DATE REC'D BY LOCAL REG. Aug. 31, 1950
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR F. Gaskin Sons, Hyattsville Md. ADDRESS

86 6VU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08660

CERTIFICATE OF DEATH

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Middleburg | LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Middleburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carrie	A.	Crouse	August	12,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	10-10-1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own home	Maryland	U.S.A.

13. FATHER'S NAME: William H. Ruby

14. MOTHER'S MAIDEN NAME: Sarah Leppo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	none	Raymond E. Crouse, Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
584X Immediate cause	(a) Chronic obstructive Cholelithiasis	10 years
126 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 21, 1947 EDST to Aug. 12, 1950, that I last saw the deceased alive on Aug. 12, 1950, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. P. Bradley Jr.	M. D.	Taneytown, Md.	8-15-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 15, 1950	Lutheran Cemetery	Taneytown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 15, 1950	Ethel M Mehring	C.O.Fuss & Son,	Taneytown, Maryland

RECEIVED
AUG 16 1950
BUREAU V. S

08061

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 35 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle)	(Last) Dullhoff	4. DATE OF DEATH	(Month) August	(Day) 3,	(Year) 1950
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: about 1863 unknown	9. AGE last birthday: 87 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Germany	12. CITIZEN OF WHAT COUNTRY? unknown				
13. FATHER'S NAME: unknown	14. MOTHER'S MAIDEN NAME: unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: none	17. INFORMANT AND ADDRESS: Hospital records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
422.1	Immediate cause	(a) Bronchopneumonia	2 days
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis and myocardial degeneration	2 years
		(c) Generalized arteriosclerosis	17 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid condition known — 35 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-42, 19....., to 8-3, 1950, that I last saw the deceased alive on 8-3-, 1950, and that death occurred at 10.15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irene Hickman M.D.		Springfield State Hospital	8-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE THEREOF: 8/9/50	NAME OF CEMETERY OR CREMATORY: University Med School	LOCATION (City, town, or county) (State): Balto City
DATE REC'D BY LOCAL REG.: Aug. 9, 1950	REGISTRAR'S SIGNATURE: C. Harry Weer	24. FUNERAL DIRECTOR: Frances G Hemsley 578 N Biddle St	ADDRESS

52086

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08062

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) Usual
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) E. (Last) EYLER

4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Oct. 15, 1868

9. AGE last birthday 81 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm hand.

11. BIRTHPLACE (State or foreign country) Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME WILLIAM EYLER

14. MOTHER'S MAIDEN NAME MARY EYLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443x	Immediate cause	(a) Cardiac decompensation	3½ wks
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive, arteriosclerotic C.V. dis.	Indefinite
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with ~~A.S.~~ Cerebral A.S. Indef.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ?, 19..., to August 3, 1950, that I last saw the deceased alive on August 3, 1950, and that death occurred at 1 10 p.m., from the causes and on the date stated above.

SIGNATURE Henry C. Mead (Degree or title) M.D. ADDRESS Sykesville, Md DATE SIGNED 8/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF August 5, 1950

NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery

LOCATION (City, town, or county) Frederick City (State) Md

DATE REC'D BY LOCAL REG. Aug. 4, 1950

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR C. E. Cline & Son ADDRESS

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1990
U.S. BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

08063

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2720 N. Calvert St.

3. NAME OF DECEASED (Type or Print) (First) Maggie (Middle) Floyd (Last)
4. DATE OF DEATH (Month) Aug. (Day) 22 (Year) 1950
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Mar 31-1883
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY dependent
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James L Floyd
14. MOTHER'S MAIDEN NAME Anna Hardican
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs George W Hayson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary Occlusion	1 day
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Genl. Arterio Sclerosis	10 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 1942 to Aug 22, 1950, that I last saw the deceased alive on Aug 22, 1950, and that death occurred at 5-25 P m., from the causes and on the date stated above.

SIGNATURE M. H. Mastin (Degree or title) MD ADDRESS Sykesville DATE SIGNED Aug 22-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 24 1950
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. Aug. 23 1950
REGISTRAR'S SIGNATURE C Harry Weer
24. FUNERAL DIRECTOR C H Weer ADDRESS Sykesville, Md.

RECEIVED
AUG 28 1990
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68064

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton | LENGTH OF STAY (in this place) 2mos. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 30
STREET ADDRESS (If rural, give location) 114 Welcome Alley ✓

3. NAME OF DECEASED (Type or Print): (First) LEATHIA (Middle) BEATRICE (Last) FREELAND

4. DATE OF DEATH: (Month) Aug., (Day) 29, (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep.,

8. DATE OF BIRTH: Mar. 29, 1909

9. AGE last birthday: 41 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Calvert Co., Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: SJohn Samuel Tyler

14. MOTHER'S MAIDEN NAME: Bessie Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	1946
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002A
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 19 50 to Aug. 29, 19 50, that I last saw the deceased alive on Aug. 29, 19 50, and that death occurred at 4:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elmer P. Lauer — Henryton, Maryland — 8/29/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-31-50 | NAME OF CEMETERY OR CREMATORY Youngs Chapel | LOCATION (City, town, or county) Calvert Co (State)

DATE REC'D BY LOCAL REG. 8/29/50 | REGISTRAR'S SIGNATURE Albert R. Smallwood Local Deputy | 24. FUNERAL DIRECTOR P. E. Sewell Sons | ADDRESS Prince Frederick Md

RECEIVED
SEP 6 1950
BUREAU V. S.

08065

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 10 mos. 29 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23,
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location) 1206 W. Lexington St., ✓

3. NAME OF DECEASED (Type or Print)	(First) DOROTHY	(Middle) ELIZABETH	(Last) GIBSON	4. DATE OF DEATH	(Month) Aug., (Day) 4 (Year) 1950
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH November 27, 1924	9. AGE last birthday 25 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY House Maid	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Gibson		14. MOTHER'S MAIDEN NAME Rachel Rusk			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 219-18-8347	17. INFORMANT AND ADDRESS Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Mar., 1949
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Peritonitis Tuberculosis	Feb., 1950
	(c)	

002X

13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 5, 1949, to Aug., 4, 1950, that I last saw the deceased alive on Aug., 4, 1950 and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Henryton, Maryland	8/4/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	8-8-50	Western Star Cem.	Catonsville — Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/4/50	Albert R. Swanthouse	Samuel W. Sullivan Jr.	Balto. Md.

Deputy Local

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08666

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor Rural — LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) MATILDA (Last) GLENN

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 20 1880

9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Isaiah Coleman

14. MOTHER'S MAIDEN NAME: Susannah Dobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Mrs. Albert Albaugh, New Windsor Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hem.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 331X 830

(c)

INTERVAL BETWEEN ONSET AND DEATH: 27 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 19 50, to Aug 2, 19 50, that I last saw the deceased alive on Aug 1, 19 50, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ira M. Beall M.D. Libertytown Md 8/2/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 5-1950 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG. Aug 3/50 — REGISTRAR'S SIGNATURE: Emma L Benedict

24. FUNERAL DIRECTOR — ADDRESS: D D Hartsfield & Sons, New Windsor & Union Bridge, Md

RECEIVED
AUG 4 1950
BUREAU T. S

08067

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) T. (Last) Goodwin
4. DATE OF DEATH (Month) August (Day) 1 (Year) 1950
5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 25, 1861
9. AGE last birthday 88 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin Thoma
14. MOTHER'S MAIDEN NAME Mary — ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr John Goodwin - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia
593X Antecedent cause(s)
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis Hypertension
(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1950, to 8/1, 1950, that I last saw the deceased alive on 7/31, 1950, and that death occurred at 3 PM m., from the causes and on the date stated above.

SIGNATURE H A Barnes MD. (Degree or title) ADDRESS Sykesville Md DATE SIGNED 8/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-3-50
NAME OF CEMETERY OR ~~CREMATORY~~ Ebenezer
LOCATION (City, town, or county) (State) Winfield, Carroll, Md.
DATE REC'D BY LOCAL REG. Aug. 1, 1950
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR C. M. Waltz - Winfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
AUG 4 1950
BUREAU OF S

08068

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1 yr.6 mos.14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
STREET ADDRESS (If rural, give location) 1140 N. Stockton St.,

3. NAME OF DECEASED (Type or Print) (First) JOHN G (Middle) GRAY (Last) GREEN
4. DATE OF DEATH (Month) Aug., (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 12,1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Anne Arundel, Co., Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Green
14. MOTHER'S MAIDEN NAME Mariah Harriod
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) I Army
16. SOCIAL SECURITY NO. 212-18-9520
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	October, 1948
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

B02X
13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 14, 1949 to Aug. 28, 1950, that I last saw the deceased alive on Aug., 28, 1950, and that death occurred at 9:50 A. m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sauer (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 8/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 31.1950
NAME OF CEMETERY OR CREMATORY Balto Mat.
LOCATION (City, town, or county) (State) Balto City
DATE REC'D BY LOCAL REG. 8/28/50
REGISTRAR'S SIGNATURE Albert R. Swanhouse
24. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman. St ADDRESS

Deputy Local

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08069

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 1yr. 4mos. 19days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe
STREET ADDRESS (If rural, give location): Box 66

3. NAME OF DECEASED (Type or Print): (First) ROYCE (Middle) LEE (Last) GREEN

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Jan. 21, 1933

9. AGE last birthday: 17 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scholar

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Trappe, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bernice Green

14. MOTHER'S MAIDEN NAME: Letitia Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Pulmonary Tuberculosis — 1947

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

002
131

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 19 49, to Aug. 27, 19 50, that I last saw the deceased alive on Aug. 27, 19 50, and that death occurred at 9:25 P. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sam (Degree or title): M.D. ADDRESS: Henryton, Md. DATE SIGNED: 8/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8/30/50 | NAME OF CEMETERY OR CREMATORY: Trappe Md | LOCATION (City, town, or county) (State): Trappe Tal. Co. Md.

DATE REC'D BY LOCAL REG. 8/27/50 | REGISTRAR'S SIGNATURE: Albert R. Arnold Deputy Local | 24. FUNERAL DIRECTOR ADDRESS: Herbert M. St Clair, Jr — Cambridge, Md

RECEIVED
SEP 1 1950
BY MEAD V. S

08070

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER — LENGTH OF STAY (in this place) 4 YRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER
HOSPITAL OR INSTITUTION OR STREET ADDRESS 141 E. MAIN	STREET ADDRESS (If rural, give location) 141 E. MAIN

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) ELIZABETH (Last) HAHN

4. DATE OF DEATH: (Month) AUG. (Day) 20 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: APR. 30 1856

9. AGE last birthday: 94 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HEZEKIAH HAHN

14. MOTHER'S MAIDEN NAME: SARAH SPANGLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. DAVID BAILE 141 E MAIN, WESTMINSTER MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Myocarditis (Chr) Nephritis (acute)

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Aug 20, 1950, that I last saw the deceased alive on Aug 19, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: W. C. Jermette MD (Degree or title) — ADDRESS: Westminster Md — DATE SIGNED: Aug 21-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: AUG. 22-1950 — NAME OF CEMETERY OR CREMATORY: LUTHERAN CEM. — LOCATION (City, town, or county) (State): TANEYTOWN, MD.

DATE REC'D BY LOCAL REG.: 8/31/50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: H Bankard & Son, Westminster, Md. — ADDRESS

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I

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08671

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FINKSBURG
LENGTH OF STAY (in this place): 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: FINKSBURG NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~FINKSBURG~~ New Windsor, R 1
STREET ADDRESS (If rural, give location): ~~FINKSBURG NURSING HOME~~

3. NAME OF DECEASED (Type or Print): (First) SALLIE (Middle) A. (Last) HARBAUGH

4. DATE OF DEATH: (Month) AUG. (Day) 23 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: SEPT. 15, 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EZRA FLEAGLE

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: EZRA W. HARBAUGH, WESTMINSTER, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C.V disease — Interval between onset and death: 3 or 4 yrs.

422.1 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1950, to Aug 23, 1950, that I last saw the deceased alive on Aug 23, 1950, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Westminster Md DATE SIGNED: 8/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: AUG. 26, 1950
NAME OF CEMETERY OR CREMATORY: UNIONTOWN CHURCH OF GOD
LOCATION (City, town, or county) (State): UNIONTOWN, MD.

DATE REC'D BY LOCAL REG.: 8/25/50
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: J. FRANCIS REESE, WESTMINSTER, MD
ADDRESS:

RECEIVED
AUG 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08672

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alesia | LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alesia
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) M. (Last) Heberling
4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1950
5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. | 8. DATE OF BIRTH 5-29-1882 | 9. AGE last birthday 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Housework | 11. BIRTHPLACE (State or foreign country) Penna | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin King | 14. MOTHER'S MAIDEN NAME Ellen Lerch.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Mrs Grace Heberling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) - Coronary Thrombosis - 7?

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19, 1949, to Aug 20, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 9:10 P. m., from the causes and on the date stated above.

SIGNATURE: W. F. Hoard | (Degree or title) M.D. | ADDRESS Manchester, Md | DATE SIGNED Aug 21-1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Aug 23/50 | NAME OF CEMETERY OR CREMATORY Bath Cem. | LOCATION (City, town, or county) Bath-Northampton Co Pa. (State)

DATE REC'D BY LOCAL REG. Aug 21/50 | REGISTRAR'S SIGNATURE Mrs. H.R.S. Denner | 24. FUNERAL DIRECTOR Edw C. Tipton. ADDRESS Hampstead Md

52056

VS-A15

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08073

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville; LENGTH OF STAY (in this place): 4 yrs. 7 mo. 6 dys; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Unknown; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nora	?	Hewitt	8	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	unknown 1872	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Home	England	?

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Rowley	Jane Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	None	Springfield State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Bronchopneumonia	24 hrs.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107	(b)	Arteriosclerosis with psychosis	5½ yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 1, 1950, to Aug. 3, 1950, that I last saw the deceased alive on Aug. 3, 1950, and that death occurred at 9:25 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walther H. Sonnenfeldt	M.D.	Springfield State Hospital Sykesville, Maryland	8/3/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-5-50	Cumberland	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 3, 1950	C. Harry Wee	Louis Altis Sec.	Cumberland, Md.

RECEIVED
AUG 8 1950
BUREAU F. S

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08074

FILM No. G 128 SEP 18 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1yr. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
STREET ADDRESS (If rural, give location) 1619 Druid Hill Ave.,

3. NAME OF DECEASED (Type or Print) (First) GUY (Middle) BOWYER (Last) JORDAN

4. DATE OF DEATH (Month) Aug., (Day) 29 (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep.,

8. DATE OF BIRTH Sept.2,1885

9. AGE last birthday 64 ~~65~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Fincastle, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harvey Jordan

14. MOTHER'S MAIDEN NAME Cynthia Kidd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 231-09-3704

17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Pulmonary Tuberculosis

13b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Feb.,1947

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19, 1949, to August 29 1950, that I last saw the deceased alive on Aug., 29, 1950, and that death occurred at 8:20 A. m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sauer (Degree or title) ADDRESS Henryton, Maryland DATE SIGNED 8/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 8/31/50

NAME OF CEMETERY OR CREMATORY University Med School

LOCATION (City, town, or county) Balto City Md (State)

DATE REC'D BY LOCAL REG. 8/29/50

REGISTRAR'S SIGNATURE Albert R. Swankhaus Deputy Local

24. FUNERAL DIRECTOR Frances A. Hensley ADDRESS 578 W Biddle St

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 118075

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Woodbine
LENGTH OF STAY (in this place) 2½ mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Glenburnie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Jane	Krich	Aug	24	1950

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	white	married	Nov. 23, 1881	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore - Maryland	America

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Wesley Ruby	Georganna Gracey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	none	Mrs. Madeline Ruby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Uremia - subacute	2 wks
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular - Renal disease	3 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 12, 1950, to Aug. 24, 1950, that I last saw the deceased alive on Aug. 24, 1950, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE J. Stanley Grabill (Degree or title) ADDRESS Mt Airy, Maryland DATE SIGNED 8/25/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8/28/50	GLENHAVEN Cem	RITCHIE HIGHWAY

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/28/50	D	JOHN E. DENNY, INC	715 LIGHT ST.

VS. A15

-30

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08076

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY OR TOWN Sykesville; LENGTH OF STAY (in this place) Since IV 23 37; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield St. H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND unknown; COUNTY unknown; CITY OR TOWN unknown; STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print): (First) Sarah; (Middle) F.; (Last) Madonick

4. DATE OF DEATH: (Month) VIII; (Day) 27; (Year) 1950

5. SEX: fem.

6. COLOR OR RACE: wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: unknown

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory worker

10b. KIND OF BUSINESS OR INDUSTRY: Yack

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Occlusion of coronary arteries	10 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia paran. type. more than 13 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to VIII. 27, 1950, that I last saw the deceased alive on VIII. 27, 1950, and that death occurred at 9 15 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elizabeth A. Winiarz M.D. ADDRESS: Springfield St. H., Sykesville DATE SIGNED: VIII. 27. 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-28-50 | NAME OF CEMETERY OR CREMATORY: United Hebrew | LOCATION (City, town or county): Balto (State): Md

DATE REC'D BY LOCAL REG.: Aug 28, 1950 | REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: Jack Lewis & Co ADDRESS: 2100 Eutaw Pl

49644

RECEIVED
AUG 29 1950
BUREAU V. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08077

Reg. Dist. No. 76

1. PLACE OF DEATH
COUNTY: CARROLL
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 54 WEBSTER ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER
STREET ADDRESS (If rural, give location): 54 WEBSTER ST.

3. NAME OF DECEASED (Type or Print): (First) CARLA (Middle) ROBERTA (Last) MURRAY

4. DATE OF DEATH: (Month) AUG. (Day) 12 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: AUG. 9. 1950

9. AGE last birthday: 0 yrs. If under 1 year: Months. Days 3 Hours Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RAYMOND A. MURRAY

14. MOTHER'S MAIDEN NAME: DORIS LORAINE CHEW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. RAYMOND A. MURRAY, WESTMINSTER, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

763.5 Immediate cause (a) Pneumonia — Interval Between Onset and Death: 12 hrs

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Prematurity — 2 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1950, to Aug 12, 1950, that I last saw the deceased alive on Aug 12, 1950, and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Westminster, Md DATE SIGNED: 8/12/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: AUG. 12. 1950
NAME OF CEMETERY OR CREMATORY: WESTMINSTER CEM.
LOCATION (City, town, or county) (State): WESTMINSTER, MD.

DATE REC'D BY LOCAL REG.: 8/12/50
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: J. FRANCIS REESE ADDRESS: WESTMINSTER, MD.

10-8 69-0-23-2-34-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 15 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118078

Reg. Dist. No. 76

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
STREET ADDRESS (If rural, give location) Rural--Sykesville

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) L. (Last) MYERS

4. DATE OF DEATH: (Month) AUG. (Day) 23 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 4-17-1871

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Burns

14. MOTHER'S MAIDEN NAME: Margaret Ditman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Lewis A. Myers, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Hours

420.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C-V disease —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1950, to Aug 23, 1950, that I last saw the deceased alive on Aug 22, 1950, and that death occurred at 12:15 A. m., from the causes and on the date stated above.

SIGNATURE James T. Mount (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED Aug 23. 50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: 8-25-1950
NAME OF CEMETERY OR CREMATORY: Deer Park
LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG. 8/24/50 REGISTRAR'S SIGNATURE H. Claudia Bond

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md.

RECEIVED
AUG 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

C8079

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 59 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pleasant Valley

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster (Rural)
STREET ADDRESS (If rural, give location) Pleasant Valley

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) HERMAN (Last) MYERS.

4. DATE OF DEATH (Month) Aug. (Day) 25 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 4-1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Orchard - Owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Jacob Myers
14. MOTHER'S MAIDEN NAME Virginia Eckard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Nancy A. Myers, Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	20 min.
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic C-V disease	years
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED Aug 25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 28-50
NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.
LOCATION (City, town, or county) Rural Westminster (State) Md

DATE REC'D BY LOCAL REG. 8/26/50
REGISTRAR'S SIGNATURE H. Broadway
24. FUNERAL DIRECTOR F. Burkard Rural Westminster ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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000 VV

RECEIVED
AUG 28 1950
BUREAU U. S.

Evidence for change of age shown on:

08080

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

FILM No. G 127 AUG 14 1950

1. PLACE OF DEATH: COUNTY GARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore, Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EDGAR (Middle) NEUHAUS (Last) ~~NEUHOUSE~~

4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 1950

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH X-8-1891
9. AGE last birthday 58 ~~59~~ 58 yrs. If under 1 year Months / Days / If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD - B&O.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHARLES NEUHOUSE
14. MOTHER'S MAIDEN NAME JULIA MOHR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Springfield State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a) Chronic Myocarditis and Myocardial degeneration	6 days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Hebephrenic type — 34 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1925, to 8-5-, 1950, that I last saw the deceased alive on 8-5, 1950, and that death occurred at 8 55 4 m., from the causes and on the date stated above.

SIGNATURE M. Virginia Beyer, r (Degree or title) M.D. ADDRESS Springfield State Hospital - Sykesville Md DATE SIGNED 8-6-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8.8.50
NAME OF CEMETERY OR ~~CREMATORY~~ LOUDON PK.
LOCATION (City, town, or county) BALTIMORE (State) MD

DATE REC'D BY LOCAL REG. 8/7/50
REGISTRAR'S SIGNATURE A. W. Hedrich JT
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons Inc. ADDRESS Balto Md

210 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

68081

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER
LENGTH OF STAY (in this place): 17 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROUTE 6

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER
STREET ADDRESS (If rural, give location): ROUTE 6

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	CATHERINE	NINER	AUG.	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
FEMALE	WHITE	MARRIED	OCT 8, 1882	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NOT KNOWN	NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		NONE	JOSEPH NINER, WESTMINSTER, MD. R6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular disease with hypertension	unk 5 years
	(c) Diabetes Mellitus	unk 5 years

260 X
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	no			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from abt July 1st, 1946., to Aug. 1st, 1950., that I last saw the deceased alive on Aug. 1st, 1950., and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. E. Billingslea	M.D.	Westminster, Md.	8.2.50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/5/50	Deer Park Cemetery	Smallwood	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/3/50	[signature]	J. Francis Reese	Westminster Md.

HS-A15

RECEIVED
AUG 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18082

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (In this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH — (Middle) LOWE — (Last) OSTERHUS

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 12-2-1858

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Work.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Edw H Osterhus

14. MOTHER'S MAIDEN NAME: Catherine Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs John G Reed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X Immediate cause (a) Cerebral Thrombosis — 8 days

83b Antecedent cause(s) Diseases or conditions, if any, giving rise to tha above cause stating tha underlying cause last (b) Arterio-Sclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Aug 19, 1950, that I last saw the deceased alive on Aug 17, 1950, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Maurice C. Pentzfield — M.D — Hampstead, Md — 8/19/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 21/50 | NAME OF CEMETERY OR CREMATORY: Calvary meth | LOCATION (City, town, or county) (State): Gamber-Carroll Co Md

DATE REC'D BY LOCAL REG. Aug. 21/50 | REGISTRAR'S SIGNATURE: Mrs. M. S. Danner | 24. FUNERAL DIRECTOR: Edw C Tipton, Hampstead | ADDRESS: Md

52086

RECEIVED
AUG 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08083

Reg. Dist. No. 81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED (Type or Print): (First) Etta (Middle) MARY (Last) Pittinger

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 8-1898

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George R Logue

14. MOTHER'S MAIDEN NAME: Laura Tappin Logue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Frank H Pittinger, Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 10 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hypotension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Aug. 17, 1950, that I last saw the deceased alive on Aug. 17, 1950, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE: M. E. Robertson (Degree or title) M.D. ADDRESS: New Windsor, Md DATE SIGNED: 8/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Aug 20-1950
NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
LOCATION (City, town, or county) (State): Uniontown Md

DATE REC'D BY LOCAL REG.: Aug 19, 1950
REGISTRAR'S SIGNATURE: Leslie A Fisher

24. FUNERAL DIRECTOR: D.D. Hartzler & Sons
ADDRESS: Union Bridge & New Windsor, Md

RECEIVED
AUG 21 1950
BUREAU V. S

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08084

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Harvey~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harvey (Middle) J. T. (Last) Rhodes
4. DATE OF DEATH (Month) (Day) (Year) 8 - 23 - 1950
5. SEX Males
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-17-1872
9. AGE last birthday 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Willoughby Rhodes
14. MOTHER'S MAIDEN NAME Eleanora Shaffer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. 219-12-0650
17. INFORMANT Mrs Effie Rhodes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
450.0	Immediate cause	(a) Auricular Fibrillation	5-6 years
95a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arterio sclerosis	10-15 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on (and dead)....., 19....., and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE Maurice C. Porterfield (Degree or title) M.D. ADDRESS Hampstead DATE SIGNED 8/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-26-50
NAME OF CEMETERY OR CREMATORY Reformed cemetery
LOCATION (City, town, or county) Manchester Carroll (State) Md.
DATE REC'D BY LOCAL REG. Aug. 26/50
REGISTRAR'S SIGNATURE Mrs. L.R.J. Denna
24. FUNERAL DIRECTOR Jacob Winks Sons ADDRESS Manchester Md.

Acting Deputy Medical Exam. Carroll Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
AUG 29 1950
BUREAU

08085

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 9 mon. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Harriet (Middle) Elizabeth (Last) Riley
4. DATE OF DEATH (Month) August (Day) 1 (Year) 1950
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH May 7, 1863
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dress maker
10b. KIND OF BUSINESS OR INDUSTRY Seamstress
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME J. G. Brydges
14. MOTHER'S MAIDEN NAME Rose Eliza Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Springfield State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Cerebral hemorrhage	1 day
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	10 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1950, to 8/1/, 1950, that I last saw the deceased alive on 8/1/, 1960, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE H. J. Martin M.D. (Degree or title) ADDRESS Springfield State Hosp. Sykesville, Maryland DATE SIGNED 8/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 8-4-50
NAME OF ~~CEMETERY~~ OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REG. Aug. 3, 1950
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Wert Haight Funeral Home ADDRESS Sykesville Md.

49606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1950
BUREAU W. S

Evidence for change in age shown on:

FILM No. G 127 AUG 21 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08086

CERTIFICATE OF DEATH

BC

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville, Md. LENGTH OF STAY (in this place) 2Y, 8M, 10 D	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 600 Whitelock Street ✓

3. NAME OF DECEASED (Type or Print)	(First) SIMON	(Middle)	(Last) ROMAN	4. DATE OF DEATH	(Month) 8	(Day) 11	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH 1/30/64	9. AGE last birthday ~~84~~ 86 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Antique Jewelry	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Frankfurt, Germany	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Hirsch Roman	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Record, Springfield State Hospital					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bilateral chronic fibrous pulmonary tuberculosis	Indef.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic arteriosclerotic heart + C.V. disease	"
	(c) Senile psychosis simple deterioration	tyro?

002X

13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture dislocation right humerus — 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital	(CITY OR TOWN) Sykesville rural	(COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 9, 1950 a m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? fall white setting on a porch	

22. I hereby certify that I attended the deceased from 5/1/, 1948, to 8/11, 1950, that I last saw the deceased alive on 8/11, 1950, and that death occurred at 2:30 P.M. DST, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry C. O'Neal	M.D.	Sykesville, Maryland	8/11/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 13, 1950	Balto Hebrew Ben	Belair Rd

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 11, 1950	C. Harry Weer	David Sondheim & Son	1902 Eutaw

XUX 76

903.7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
MAR 15 1950
BUREAU

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08087

Reg. Dist. No. 75

1. PLACE OF DEATH · COUNTY: Carroll County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Manchester LENGTH OF STAY (in this place): 7 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Manchester
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Manchester R.D. #1	STREET ADDRESS (If rural, give location): R.D. #1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) E (Last) Roser

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 1/1/1874

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner & Farmer

11. BIRTHPLACE (State or foreign country): York Co. Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip Roser

14. MOTHER'S MAIDEN NAME: Sarah Huck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Norman J Roser R.D. 2 Hanover, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

151x Immediate cause (a) Carcinoma of Stomach

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Anemia Secondary Severe due to above

(c) Arteriosclerosis Severe.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to July 31, 1950, that I last saw the deceased alive on July 30, 1950, and that death occurred at 8:20 A.m., from the causes and on the date stated above.

SIGNATURE: George E. Lhomassy (Degree or title) M.D. ADDRESS: Third St. Hanover Pa DATE SIGNED: 8/1/1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/4/50

NAME OF CEMETERY OR CREMATORY: Sherman's Cemetery

LOCATION (City, town, or county): Hanover R.D. (State) York Co. Pa

DATE REC'D BY LOCAL REG.: Aug 1/50

REGISTRAR'S SIGNATURE: Mrs. W. R. Denner

24. FUNERAL DIRECTOR: W. A. Freiser ADDRESS: Hanover Pa

000 VV

RECEIVED
AUG 10 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

018088

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mailing Address - Littlestown, Pa. R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
STREET ADDRESS (If rural, give location) Littlestown, Pa. R. D. 1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Christopher (Last) Sauerwein

4. DATE OF DEATH: (Month) 8/14/50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/4/1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & Rubber Co. Employee

10b. KIND OF BUSINESS OR INDUSTRY: Farm & Rubber Co.

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cristopher Sauerwein

14. MOTHER'S MAIDEN NAME: Louise Shearer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-24-6462

17. INFORMANT AND ADDRESS: Margaret Sauerwein, R. D. 1 Littlestown, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocardial disease — Interval between onset and death: 3 yrs

4/22/2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1950, to August 14, 1950, that I last saw the deceased alive on August 14, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE Donald B. Coover (Degree or title) M.D. ADDRESS Littlestown, Pa. DATE SIGNED 8-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/16/50 — NAME OF CEMETERY OR CREMATORY: Zion Reformed Church Cem. — LOCATION (City, town, or county) (State): Charlesville, Frederick Co, Md.

DATE REC'D BY LOCAL REG.: August 14, 1950 — REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR: J. W. Little & Son, Littlestown, Pa.
Rev. R. A. Little

RECEIVED
AUG 16 1950
BUREAU OF S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08089

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carrol MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carrol
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) AGUSTUS (Last) SMITH

4. DATE OF DEATH (Month) Aug. (Day) 7 (Year) 1950

5. SEX M.

6. COLOR OR RACE C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced.

8. DATE OF BIRTH 7-25-1906

9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Cooksville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John E. Smith

14. MOTHER'S MAIDEN NAME Mary E. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2

16. SOCIAL SECURITY NO. 220-18-1263

17. INFORMANT Mary Smith, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary artery disease — 3-4 days.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 8/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8-11-50

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Aug. 11, 1950

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

86600

RECEIVED
AUG 14 1950
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08090

Reg. Dist. No. 7H

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: CARROLL; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 217 Mason Court ✓

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ROSE (Last) SZURMASZEWICZ

4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/9/18

9. AGE last birthday: 32 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Michael Herzak

14. MOTHER'S MAIDEN NAME: Rose Wallice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial Hemorrhage (basal) — Interval between onset and death: 5 minutes

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830 (b) Source as yet undetermined.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1950, to 8/29, 1950, that I last saw the deceased alive on 8/18, 1950, and that death occurred at 6:45 P DST m., from the causes and on the date stated above.

SIGNATURE: Henry C. A. Neal (Degree or title): M.D. ADDRESS: Sykesville, Maryland DATE SIGNED: 8/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE THEREOF: 9-2-50 | NAME OF CEMETERY OR CREMATORY: Holy Rosary | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: Aug. 30, 1950 | REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: Lilly & Zulli Inc. ADDRESS: 403 S. Wolfe St. Balto. Md.

VS. A15

RECEIVED
SEP 1 1950
BUREAU P. S

M

08203

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 6mos. 18days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23,
STREET ADDRESS (If rural, give location) 1704 Edmondson Ave., ✓

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) FRANK (Last) TALBERT
4. DATE OF DEATH (Month) Aug. (Day) 31 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH August 3,1920
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orderly
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benjamin Scott
14. MOTHER'S MAIDEN NAME Lora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-24-9288
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002x Immediate cause	(a) Pulmonary Tuberculosis	Feb.,1943
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.13, 1950, to Aug. 31, 1950, that I last saw the deceased alive on Aug. 31, 1950 and that death occurred at 8:45 A. m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sauer (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 8/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Sept 5-1950 NAME OF CEMETERY OR CREMATORY Mt Calvary Am. LOCATION (City, town, or county) A A Co Md (State)

DATE REC'D BY LOCAL REG. 8/31/50 REGISTRAR'S SIGNATURE Albert R. Swankham Deputy Local
24. FUNERAL DIRECTOR Robert W Williams 15-15 Mo ADDRESS Elkhorn Md

790-42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
SEP 2 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08204

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) 27 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY --; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Allen	--	Thomas	8	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widowed	1888 (?)	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mattress maker	--	Maryland	USA

13. FATHER'S NAME Julius Thomas

14. MOTHER'S MAIDEN NAME ~~??~~ Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Springfield State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
561.5 Immediate cause	(a) Intestinal obstruction due to strangulated hernia	Unknown
122a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aspiration pneumonia	1 day
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia — 27 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1/, 1947, to 8/15, 1950, that I last saw the deceased alive on 8/15/, 1950, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) — ADDRESS Springfield State Hosp. Sykesville, Maryland — DATE SIGNED 8/15/50

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/18/50	Balto Cem.	Balto	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 21, 1950	Harry Rees	Harry H. Nutzke	4101 Edmondson Ave

47611

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08205

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster — LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 156 Lincoln Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 156 Lincoln Road

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) T. (Last) VOSBURGH
4. DATE OF DEATH (Month) August (Day) 2 (Year) 1950
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 10 1918
9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus driver
10b. KIND OF BUSINESS OR INDUSTRY: Transit Co.
11. BIRTHPLACE (State or foreign country): Preble N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward H. Vosburgh
14. MOTHER'S MAIDEN NAME: Iva Riggall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-12-2693
17. INFORMANT AND ADDRESS: Mrs Virgil R. Vosburgh 156 Lincoln Road Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 10 min

416x Antecedent cause(s) (b) Rheumatic Heart Disease — years

95b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1950, to Aug 2, 1950, that I last saw the deceased alive on Aug 2, 1950, and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE: James T. Marsh — (Degree or title) M.D. — ADDRESS: Westminster Md — DATE SIGNED: 8/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug. 5. 1950 — NAME OF CEMETERY OR CREMATORY: Westminster Cemetery — LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG.: 8/4/50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: J. E. Myers Jr. — ADDRESS: Westminster Md

42049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS. A15

RECEIVED
AUG 7 1950
BUREAU T. S

08206

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Westminster
LENGTH OF STAY (In this place) 2 ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baust Church

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 81 Liberty St.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) DAVID (Last) WAREHIME
4. DATE OF DEATH (Month) Aug (Day) 30 (Year) 1950
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 27, 1890
9. AGE last birthday 60 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer - retired
10b. KIND OF BUSINESS OR INDUSTRY Owner Gent farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David Warehime
14. MOTHER'S MAIDEN NAME Annie R. Myerly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Noah Warehime

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

973.1 Immediate cause (a) Carbon monoxide poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

163M (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Mt. Westminster (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) Aug (Day) 30 (Year) 1950 (Hour) 8 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hose was run from exhaust pipe into automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED Aug 30/1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/2/50
NAME OF CEMETERY OR CREMATORY Baust Church Cemetery
LOCATION (City, town, or county) Tyrone - Maryland (State)
DATE REC'D BY LOCAL REG. 9/1/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR C. O. Fuss & Son ADDRESS Taneytown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08207

Reg. Dist. No. 76

Evidence for addition in 18 shown on:

FILM No. G 128 OCT-3 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural WESTMINSTER — LENGTH OF STAY (in this place) 65 YRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural WESTMINSTER
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 1	STREET ADDRESS (If rural, give location) R.D. 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ORVILLE	CLAYTON	ZEPP	AUG.	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	MARRIED	6-10-1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RET. FARMER; HOUSEKEEPER	FARM	MD.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THEODORE ZEPP	EMMA J. MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NONE	CALVIN ZEPP, WESTMINSTER, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
191X Immediate cause	(a) Cancer back of L. ear into brain, Cancer R. Lung, Nephritis (due)	1942 / 1950
53 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Primary skin cancer. (10-3-50 - ams)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May, 1942, to Aug. 16, 1950, that I last saw the deceased alive on Aug. 15, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. C. Jermette	M.D.	Westminster Md	8-17-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-19-1950	Zion U.B.C.M.	WESTMINSTER 6. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/18/50	H. Clarence Smith	H. Bankard & Son,	Westminster Md

000 61

RECEIVED
AUG 21 1950
BUREAU V. S